

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM

Check All That Apply: Cosmetologist _____ Cosmetology Instructor _____
Nail Technician _____ Estheticians _____

1. Program Title: _____
2. Name of Sponsoring Organization or Individual: _____
Address (include city, state, zip) _____
Telephone Number: _____
3. Number of Clock Hours for which approval is requested: _____
4. Cost of Program to the attendee: _____
5. Program date(s): _____
6. Program Location(s): _____
7. Time(s) of Program: (Enclose copy of promotional piece, including time schedule)

8. Objective of Program (what will be taught) (attach additional sheets if necessary):

9. Name of Instructor(s): (Attach copy of License, Certification, Bios and other Credentials)

10. Describe manner of presentation (Attach course outline of lecture, demonstration, panel and hands on participation): _____
11. Describe plan for program evaluation and attach copy of evaluation sheet:

The Kentucky Hairdresser and Cosmetology Board uses an Internet based system

- | 12. Do you agree to: | YES | NO |
|--|-------|-------|
| A. Accurately record attendance at Each Presentation online | _____ | _____ |
| B. Print a Record of Attendance confirming the number
Of clock hours actually attended for each attendee. | _____ | _____ |
| C. Submit a record of attendees within twenty-four hours after
The program on the Internet based system. | _____ | _____ |

FOR OFFICE USE ONLY

Date Reviewed by Board

Date Approved/Disapproved

Sponsor Number Assigned
